

KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR NON-INDIVIDUALS)
 New Change request (please tick the appropriate)

Acknowledgement No. _____

Please fill this form in ENGLISH and in BLOCK LETTERS

(Please tick the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

A. IDENTITY DETAILS

1 Name of the Applicant

2(a) Date of incorporation DD MM YY YY 2(b) Place of incorporation _____

3 Date of commencement of business DD MM YY YY

4(a) PAN 4(b) Registration No. (e.g. CIN) _____

5 Status (please tick any one)

<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> FII HUF	
<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI	
<input type="checkbox"/> Others (please specify) _____					

B. ADDRESS DETAILS

1 Correspondence Address

City / Town / Village PIN Code
 State Country

2 Contact Details

Tel (Off.) Tel. (Res.)
 Mobile No. Fax No.

#Mobile No is "Other than Self" Please select following details
 Authorised Signatory Director Trustee Partner Karta.

Email ID

#Email ID is "Other than Self" Please select following details
 Authorised Signatory Director Trustee Partner Karta.

3 Specify the proof of address submitted for correspondence address _____

4 Registered Address (If different from above)

City / Town / Village PIN Code
 State Country

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/ our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Name & Signature of the Authorised Signatory(ies) _____

 Date: DD MM YY YY

C. DETAILS OF PROMOTERS/ PARTNERS/ KARTA/ TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC)

 Name of the Applicant

 PAN No of the Applicant

Name _____

 Relationship with Applicant _____
 (i.e. promoters, whole time directors etc.)

 PAN DIN/UID _____

Residential/ Registered Address _____

Photograph

Name _____

 Relationship with Applicant _____
 (i.e. promoters, whole time directors etc.)

 PAN DIN/UID _____

Residential/ Registered Address _____

Photograph

Name _____

 Relationship with Applicant _____
 (i.e. promoters, whole time directors etc.)

 PAN DIN/UID _____

Residential/ Registered Address _____

Photograph

Name _____

 Relationship with Applicant _____
 (i.e. promoters, whole time directors etc.)

 PAN DIN/UID _____

Residential/ Registered Address _____

Photograph

FOR OFFICE USE

- Originals verified and Self-Attested Document copies received
- In-Person Verification of Karta of HUF / Authorised Partners of Partnership Firm / Authorised persons of Association of Persons / Authorised Trustees and Authorised Signatories of Corporates done.

 a. Name of the Person

 b. Designation

 c. Name of Organisation

 Date:

Signature of the authorised signatory

Seal / Stamp of the Branch